Efforts by the American Academy of Pediatrics to Prevent and Reduce Violence and its Effects on Children and Adolescents

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Abstract. *The American Academy of Pediatrics (AAP) is an organization of 53,000 pediatricians committed to the attainment of optimal physical, mental, and social health for all infants, children, adolescents, and young adults. Recognizing the major impact that violence has on children and youth, the AAP has been working to prevent and reduce violence and its effects on the pediatric population. This article will describe AAP efforts intended to help pediatricians, other professionals, and the public to combat the problem.*

Violence is one of the most important health threats to pediatric patients in the United States. Its far-reaching effects have affected children and youth in their homes, schools, neighborhoods, and communities. Many public health experts believe that youth violence has now reached epidemic proportions.[1] Violent injuries and deaths to children resulting from child neglect and physical abuse continue to occur unabated. The juvenile violent crime and teen violent death rates have both increased since the 1980s; the rise in these indicators, only now showing a modest decrease, is believed by many investigators in this field to be related to the increase in the availability and use of handguns.[2] The negative influence on children of exposure to family violence and violence as portrayed in the media and in entertainment goes unchecked.[3] The effects of recent agreements between the television networks and the Federal Communications Commission

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(FCC), and the directive by the President to install so-called "V-chips" into all future television sets, remain to be seen.[4]

The American Academy of Pediatrics (AAP; the Academy) is aware that to counteract violence, a fundamental change must be brought about in our attitudes about violence and interpersonal relations. Individual interventions by pediatricians and other health professionals are alone inadequate to counter the broader societal forces contributing to the problem. A greater collaborative effort, using education as a major tool, is needed if knowledge and understanding are to result in changes in attitudes and behavior.[5,6] Efforts at reducing a wide range of risk factors are needed as well. To this end, the AAP has developed specific goals and objectives targeted at the prevention and reduction of violence in our homes, schools, and communities.[7] These goals and objectives, in large part, were developed from papers presented at a major conference on violence sponsored by the Johnson and Johnson Foundation and the AAP, and published in 1994.[8]

The AAP has long supported and initiated programs aimed at curbing violence and has committed major resources to the reduction of the physical and psychosocial consequences of domestic, community, media, and entertainment violence. Violence has been the focus of the AAP Child Health Month in recent years. The Academy has worked with the Center to Prevent Handgun Violence to create the Steps to Prevent (STOP) Firearm Injury Program. The AAP has supported federal gun-control legislation and joined in partnership with the anti-handgun project, HELP. A special AAP Task Force on Violence and Intentional Injury Prevention has been appointed. The task force is charged with developing programs that will identify violence-prone behavior. It also will create instruments to educate patients and parents that violence is not an acceptable form of conflict resolution.

An important component of the AAP's overall effort is the education of pediatricians, the public, the entertainment industry, and legislators and regulators, regarding violence in the media and in entertainment (including sports), and its association with violent/aggressive behavior in children and youth. The reduction of

morbidity and mortality from unintentional injuries, such as those caused by motor vehicles, may depend on the recognition of the association of such occurrences with aggressive attitudes and violent behaviors. The AAP recognizes the importance of promoting healthy lifestyles for individuals, and the relationship of certain activities, such as substance abuse, to violent acts and injuries or death. The AAP has dedicated a substantial continuing education effort to substance abuse prevention, recognition and management.

Violence Is a Complex Issue

Violence is a complex phenomenon, taking on many forms and manifesting in different ways. It includes domestic violence, school violence, neighborhood or community violence, global violence, and violence as portrayed in the media and by the entertainment industry.

Domestic Violence

Each year in the United States, nearly 3 million children are reported for child abuse and neglect, while an estimated 1,300 related fatalities are confirmed.[9] The attitudes and behaviors of those victimized last a lifetime, and perpetuate the cycle of abuse, neglect, and violent aggression.[10]

The Academy has a long history of advocacy and education in the field of child abuse and neglect. The Committee on Child Abuse and Neglect and the Section on Child Abuse and Neglect have developed educational materials and policy statements on the subject, including a professional slide program entitled "The Visual Diagnosis of Child Physical Abuse." There are five current policy statements dealing with various aspects of child abuse. A model bill for use at the state level, the "Child Abuse Victim Protection Act," is available.

The AAP has been participating in the Advisory Council of Family Violence, a group initiated by the American Medical Association and responsible for developing a cooperative, national effort to counter violence and the effects of violence. The Council

is working toward the development of a unifying theory and practice relating to family violence.

School Violence

School, especially for urban poor children, is no longer the safe refuge it once was, where children were able to find warmth and quiet away from the chaos of dysfunctional neighborhoods and homes. Children now are cautious not to appear too smart or interested, for fear of retribution from their peers.

In some communities, one of every five students carries a weapon to school; for 1 in 20, that weapon is a gun. It is estimated that 100,000 students in the United States take guns to school every day.[11] Principals report students as saying that they can easily obtain a gun if they want one.

The AAP continues to work with pediatricians to develop school-based clinics where necessary. Pediatricians are active as speakers at schools. The Community Access to Child Health Program (CATCH) has facilitated the development of local school programs where conflict-resolution programs are being directed by local pediatricians.

Community and Neighborhood Violence

Children are now taught not to speak to strangers and to avoid eye contact. Even relatives are suspect. Parents who once encouraged their children to play outdoors upon return from school, can no longer do so because they fear that their children will be victimized. Instead, these children stay indoors, watching television and eating high-calorie snacks.[12]

The AAP recognizes the threat to children that cuts in budgets for community programs will entail. It has actively advocated for programs such as those included in anti-crime bills, the Job Corps, Head Start, and others.

Causes of Violence

There are at least three root causes of violence: 1) **Poverty:** depressed economic conditions with under- and unemployment;

2) **Racism and Discrimination:** inequality and powerlessness, often resulting from oppression, leading to feelings of anger and resentment; and 3) **Dysfunctional Families:** physical and emotional abuse, an unsupportive family environment that leads to low self-esteem, isolation, and fear for one's own safety and affects one's ability to resolve conflict without violence, the whole resulting in an environment in which violence begets violence.

Poverty

Poverty is clearly associated with higher levels of violent behavior and exposure to violence, more so than race. Nonfatal intentional injury and homicide more often occur in inner cities and urban communities characterized by substandard housing, high unemployment, low socioeconomic status, and high population density.[13]

The AAP has long advocated for poor children. Beginning even before the Great Depression, the Academy supported the Sheppard-Towner Act of 1922, a federal attempt to aid poor babies and their mothers; the fledgling federal mother and infant program and forerunner of our current Maternal and Child Health Bureau. More recently, the AAP strongly supported universal access to health care and a one-tier system of high-quality health care for all children (The Children and Pregnant Women Health Insurance Act of 1994). The AAP continues to work to protect children from inappropriate cuts in federal funding of health and welfare programs (Medicaid, AFDC, WIC, SSI, and others).

Racism and Discrimination

Racism, sexism, and discrimination based on age, ethnicity, class, and cultural background are underlying components of many types of violence. Racism and discrimination of any kind lead to feelings of anger, resentment, stress, and frustration, all of which can lead to aggressive and violent behavior. However, when controlled for socioeconomic status, the disparity between rates of violent behavior may be influenced more by poverty than color. Gender is an important risk factor. Over two-thirds of homicide

victims and perpetrators are male. Media portrayals of violent females and marketing of handguns to women may be contributing to an increase in violent behavior among women.

The AAP has actively worked to eliminate bias and discrimination in the care of pediatric patients. Moreover, the Academy has made substantial progress in increasing the number of women and minority-group pediatricians in the AAP, especially in leadership positions. The AAP is working to enhance the number of pediatricians working in currently underserved areas and also to increase the number of minority men and women who choose pediatrics as a career.[14]

Dysfunctional Families

The AAP has always had a major concern for unsupportive families and child-victims of physical, sexual, and emotional abuse and deprivation (see previous description of domestic violence). Members of AAP councils, committees, task forces, sections, and other working groups always consider the psychosocial needs of pediatric patients when developing policy or standards of care. Groups that have a special responsibility in this effort include: the Committees on Adolescence, Bioethics, Child Abuse and Neglect, Children with Disabilities, Psychosocial Aspects of Child and Family Health, School Health, Substance Abuse, and many of the Task Forces and Sections.

Policy statements are either published and available or are in progress. Their titles describe the issues they address: *The Pediatrician's Role in Family Support Programs; Children in Diverse Family Constellations; Children, Adolescents, and Television; Guidance for Effective Discipline; Violence Prevention in the Lives of Young Children: a Nation's Imperative; Adolescent Assault Victim Needs*; and others.

Sociocultural, Community, and Personal Risk Factors

There are certain personal and societal/cultural risk factors that contribute to or influence violent attitudes and behaviors. Societal/

cultural factors may put *groups and communities* at higher risk, whereas personal or individual risk factors, such as alcohol use or carrying a gun, put particular *individuals* at higher risk of being violent. Certain central nervous system lesions, and personality traits or a particular temperament, may predispose a person to violence. Knowing and understanding these risk factors facilitates intervention at either a personal/individual or community level.

Some sociocultural and community risk factors, such as race and socioeconomic status, have already been discussed. Others will be discussed, and AAP action steps taken or in progress will be presented.

Firearm Violence

The easy availability of firearms and their lethality are factors of increasing importance. Half of all homes in the United States contain firearms. There are an estimated 200 million firearms in these homes; 60 million are handguns, of which 20 million are unregistered.[15] In a community in which a young person fears physical violence, where there is peer pressure to carry a weapon, and where a highly lethal gun can be obtained with ease, the personal risk of carrying a gun, and of being killed, increases markedly.

There are about 4,000 firearm deaths in children and adolescents 1 to 19 years of age, accounting for 12% of all deaths in that age group. Among 15- to 19-year-olds, 17.3% (black = 40.8%) of all deaths, 71% (black = 82.0%) of homicides, and 60.0% (black = 71.0%) of suicides were firearm-related. Firearm deaths include unintentional injuries, homicides, and suicides. Among 1- to 9-year-olds, homicides accounted for half of the deaths from firearms and the remainder were unintentional; among 10- to 14-year-olds, one-third were homicides, one-third suicides, and one-third unintentional; and among the 15- to 19-year-olds, 48% were homicides, 42% suicides, and 8% unintentional.

The United States leads by far other developed countries in firearm homicides in males aged 15 to 24 years. The total number of homicides for this age group was 4,223 for the United States

(3,187 by firearms), 62 for Canada (17 by firearms), and 48 for England/Wales (3 by firearms). Firearm homicide is the leading cause of death for urban black adolescents and young adults; it is the second or third leading cause (after accidents or accidents/suicides) for all adolescents and young adults. When one considers that 25 million homes in the United States contain a handgun, it should be no surprise that firearm injury is the fourth leading cause of unintentional injury deaths to children younger than 15 years of age in the United States.[16]

AAP Activities and Programs Related to Firearm Violence: The Academy actively worked for passage of federal gun-control measures. Policy statements were developed, including the following: *Firearms and Adolescents; Firearm Injuries Affecting the Pediatric Population; Injuries Related to Toy Firearms*; and a model legislation bill, *Protection of Children from Handguns Act.*[17]

In June 1993 the Task Force on Adolescent Assault Victim Needs was appointed to develop a model protocol outlining a multidisciplinary approach to emergency care of adolescent assault victims. The Task Force is to define the pediatrician's role in the organization of emergency medical services for children and adolescents, focusing not only on acute trauma management but also on the psychosocial needs of adolescent victims of violence.

The AAP has been working with the Center to Prevent Handgun Violence. The project addresses child and adolescent firearm injuries and contains a monograph for physicians, a poster, a brochure for parents, an audiotape for use by physicians, and a resource listing. Copies of policy statements, model legislation, and other materials are available from the AAP.

A random survey of practicing pediatricians was completed by the Academy in 1994.[18] The survey found that 19% of pediatricians surveyed had treated or consulted on children with injuries caused by guns during the year preceding the survey. Most of the gun-related injuries reported by pediatricians were caused by handguns and were among adolescent patients. Most pediatricians believe that legislative action should be taken to reduce the availability of firearms. Eighty-six percent of pediatricians believe

that gun-control legislation will help reduce the risks of injury or death to children and adolescents.

The Academy's Speakers' Program is a highly successful initiative, which features kits that include a script, speakers' tips, resource information, and slides. More than 1,350 of these kits have been sold, mostly to AAP members. The kit, "Silence the Violence," focuses on firearm safety, as well as other issues.

The Media

There is now ample evidence that violence is, for the most part, a learned behavior. Not only does exposure to family violence early in life predispose adolescents and older individuals to becoming victims and perpetrators of violence, but exposure to violence and antisocial behavior observed on television also is associated with children and adolescents mimicking the behavior they observe on television.[19] It is likely that this is also true of violence observed in movies, at athletic events, and in the community.

Children watch an average of 8,000 murders and 100,000 other violent acts on television before finishing elementary school.[20] There are about 26 violent acts per hour on children's television programs as compared to about 5 acts per hour on prime-time television. Children aged 2 to 5 years view approximately 25 hours of television per week, children aged 6 to 11 years watch more than 22 hours per week, and adolescents 12 to 17 years of age watch 23 hours of television per week. The average child in the United States spends more time watching television than any other activity except sleeping.

The AAP has produced a public education brochure, "Television and the Family: Guidelines for Parents," making recommendations to parents about wise and appropriate television viewing. Television violence has been a major part of the AAP Child Health Month (October) messages devoted to violence prevention. A speaker's kit, "TV and Your Family: Children, Channels, Choices," with accompanying slides, has enjoyed wide circulation to pediatricians and others wishing to speak on the subject. Many

AAP Fellows have been involved in federal legislation, submitting comments to the FCC regarding the Children's Television Act. The Academy advocated requiring at least 1 hour per day of programming designed to meet children's educational and informational needs.

A working group of AAP Fellows in Los Angeles is working with the entertainment industry to improve children's television. There is a major concern that children are being exposed to too many violent images in television and movie viewing. The group is attempting to influence producers to communicate more positive health and lifestyle messages in TV, movies, and other entertainment media.

Substance Abuse

Alcohol and other drug use increases the risk of violent aggressive behavior and unintentional injury (including injury to the fetus). This is especially true with chronic use of drugs like alcohol, or stimulants, such as "crack" cocaine. The drug most associated with violence is alcohol. Unintentional violent injuries ("accidents") are the leading cause of mortality and morbidity among adolescents and young adults. Motor vehicle accidents cause up to 75% of such deaths; about half of the fatalities are alcohol-related. Alcohol is also associated with the non-vehicle-related injury deaths, suicides, and homicides.[21] Many alcohol-related homicides are the result of child physical abuse.

The AAP has been very active in developing policy, setting standards of care, and engaging in public and professional education. Policy Statements include: *Role of the Pediatrician in Prevention and Management of Substance Abuse; Alcohol Use and Abuse: a Pediatric Concern*; and others.[17]

A book, *Substance Abuse: a Guide for Health Professionals*, is available, along with a videotape for presentation to lay audiences, "*Substance Abuse: the Inside Story*." A model bill for use at a state level, the *Vehicle Operator Permit Delay and Suspension Act*, is available. This unique approach to reducing substance abuse among

teenagers delays conferral of or suspends vehicle operator permits for alcohol or other drug-related offenses committed by minors.

Incarceration

The relationship between drug abuse and violence is complex. One aspect of the relationship is the violence caused by illegal drug sales and drug trafficking. Unfortunately, this violence often involves children and very young adolescents. Incarceration after arrests for drug use and drug dealing is increasing dramatically in the United States. Ironically, often incarceration itself becomes a risk factor for future violent behavior.

Summary

In a recent article describing the substantial decrease in deaths from all causes of unintentional trauma, the authors contrast this with the rise in deaths from intentional trauma due almost entirely to guns.[22] They conclude: "The means are available and within our grasp to have a significant impact on the health and welfare of children in this country. It is up to us to make it happen." The AAP has recognized the major threat that violence and the easy availability of firearms poses for all children and adolescents. They are victimized by violent crime more often than any other segment of our society. Urban poor children are at special risk for intentional violence, either directed at them or resulting from violence in their homes and neighborhoods.

The success of the criminal justice system in stemming violence is, at best, questionable. A public health approach to combatting violence should supplement criminal justice efforts. The AAP is using a number of strategies, including research, education, legislation and regulation, and improvements in medical and psychological care.

There are ways that pediatricians can individually combat violence in their patients' lives and communities. Physicians must examine their own attitudes and lifestyles, and be willing to educate themselves, their friends, and patients on violence-related

issues. In particular, professionals should be selective with regard to television programs, movies, music, and other forms of entertainment, and be willing to engage in discussions regarding their own opinions on the content of various media.

Physicians must be willing to explore the possibility of domestic violence in their patients and their families. They must be willing to look past the acute injury for evidence of an intentional or violence-related cause, and to intervene as necessary. The prevention and reduction of violence in our society requires the collaboration of professionals, professional organizations, citizens, and community agencies and leaders. The AAP, as an organization of concerned professionals, is using its resources to educate, advocate, set standards, and to influence community leaders in their efforts to deal with the problem.

Information about publications and other AAP activities can be obtained by calling 1–800/433-9016 or writing:

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